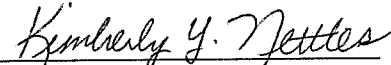


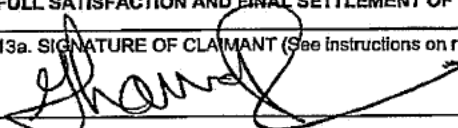
**UNITED STATES DISTRICT COURT**  
**DISTRICT OF NEVADA**

# DECLARATION OF KIMBERLY Y. NETTLES AND ATTACHMENT

1 I declare, under the laws of the United States, that the foregoing is true and correct.

2 Executed this 2nd day of October, 2020.

3   
4 Kimberly Y. Nettles

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		<b>FORM APPROVED OMB NO. 1105-0008</b>									
1. Submit to Appropriate Federal Agency:  Federal Bureau of Investigation			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Ghassan Houbous Bouari - Claimant Benjamin C. Durham, Esq. - Claimant's Representative 601 S 10th Street Las Vegas, NV 89101										
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH [REDACTED]	5. MARITAL STATUS Married	6. DATE AND DAY OF ACCIDENT 2/6/2016 Saturday	7. TIME (A.M. OR P.M.) 2:00am									
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  Ghassan Houbous Bouari was arrested, on February 6, 2016, in Las Vegas, Nevada. There was no probable cause for this arrest. The FBI agents involved, SA Lao and SA Ro, violated claimants constitutional rights by seizing his person, without probable cause, by initiating a malicious prosecution through their false statements to federal prosecutors and the Grand Jury. The charges brought due to the agents false statements were dismissed by the motion of the government.													
9. <b>PROPERTY DAMAGE</b>  NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).  BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).													
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>  STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.  Claim I - Unlawful Seizure of Claimants Person in Violation of Amend IV, resulting in claimant being detained for 560 days; Claim II - Malicious Prosecution; Claim III - Intentional Infliction of Emotional Distress; Claim IV - Negligent Infliction of Emotional Distress; Claim V - Negligence.													
11. <b>WITNESSES</b> <table border="1"><thead><tr><th>NAME</th><th>ADDRESS (Number, Street, City, State, and Zip Code)</th></tr></thead><tbody><tr><td> </td><td> </td></tr></tbody></table>						NAME	ADDRESS (Number, Street, City, State, and Zip Code)						
NAME	ADDRESS (Number, Street, City, State, and Zip Code)												
12. (See instructions on reverse). <b>AMOUNT OF CLAIM (in dollars)</b> <table border="1"><thead><tr><th>12a. PROPERTY DAMAGE</th><th>12b. PERSONAL INJURY</th><th>12c. WRONGFUL DEATH</th><th>12d. TOTAL (Failure to specify may cause forfeiture of your rights).</th></tr></thead><tbody><tr><td>\$0.00</td><td>\$1,000,000</td><td>\$0.00</td><td>\$1,000,000</td></tr></tbody></table>						12a. PROPERTY DAMAGE	12b. PERSONAL INJURY	12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights).	\$0.00	\$1,000,000	\$0.00	\$1,000,000
12a. PROPERTY DAMAGE	12b. PERSONAL INJURY	12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights).										
\$0.00	\$1,000,000	\$0.00	\$1,000,000										
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.													
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). 			13b. PHONE NUMBER OF PERSON SIGNING FORM [REDACTED]		14. DATE OF SIGNATURE 2/5/2018								
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS  Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)										

## INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☐ Yes If yes, give name and address of Insurance company (Number, Street, City, State, and Zip Code) and policy number. ☒ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☒ No 17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☒ No

## INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN **TWO YEARS** AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

- (a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.
- (b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.
- (c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.
- (d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

## PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. **Principal Purpose:** The information requested is to be used in evaluating claims.

C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.

D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

## PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.



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1030



U.S. Department of Justice  
Federal Bureau of Investigation  
Washington, D. C. 20535-0001

*Office of the General Counsel*

July 3, 2019

CERTIFIED MAIL –  
RETURN RECEIPT REQUESTED

Ghassan Houbous Bouari  
c/o Benjamin C. Durham, Esq.  
601 S 10<sup>th</sup> Street, Suite 101  
Las Vegas, NV 89101

RE: Administrative Claim of Ghassan Houbous Bouari

Dear Mr. Bouari:

This letter is in reference to the Federal Tort Claims Act ("FTCA") administrative claim you submitted on February 5, 2018. The Claim purports to seek damages pursuant to the Federal Tort Claims Act ("FTCA"), 28 U.S.C. §§ 2671-2680. In order to recover damages under the FTCA, a claimant must demonstrate negligence or a wrongful act or omission on the part of a federal employee acting within the scope of employment. Your claim does not demonstrate any FTCA liability. Moreover, to the extent this claim may be construed as alleging violations of constitutional rights, the FTCA does not provide relief for claims of this nature. *See* 18 U.S.C. § 1346(b).

Accordingly, after reviewing the applicable law and the merits of the claim submitted, the FBI has concluded that the claims should be, and hereby are, denied pursuant to 28 C.F.R. § 14.9.

We are required by law (28 C.F.R. § 14.9(a)) to inform you that if you are dissatisfied with our determination, you may file suit in an appropriate United States District Court not later than six months after the date of mailing of this notification of denial. 28 U.S.C. § 2401(b).

Sincerely,

A handwritten signature in dark ink, appearing to read "Paul R. Wellons", is written over a horizontal line.

Paul R. Wellons  
Associate General Counsel  
Office of the General Counsel  
Federal Bureau of Investigation

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>1. Article Addressed to:</p> <p> <input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.  <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. </p> <p> <i>Ghassan Houbous Douari</i>  <i>c/o Benjamin C. Durham, Esq.</i>  <i>601 S. 10th St., Suite 101</i>  <i>Las Vegas, NV 89101</i> </p>		<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>X</i> <i>[Signature]</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery</p> <p><i>A-ASDARIN</i> <i>7/8/19</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>2. Article Number (Transfer from service label)</p> <p><i>7006 2760 0002 1789 1615</i></p>		<p>3. Service Type</p> <p> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>PS Form 3811, February 2004</p>		<p>102595-02-M-1540</p>	



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Office of the General Counsel  
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Ahn: AGC